SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) (d of the	OR LINE NUMBER: PAGE 114 OF 143 check only one) X 17	
Any information copied from such Reports and Stat or for commercial purposes, other than using the na			erson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Friends of Erik Paulsen				
Full Name (Last, First, Middle Initial) A. ANDREW HASEK			Date of Disbursement	
Mailing Address 1612 N. PARK STREET			01 05 2015	
City FAIRMONT Purpose of Disbursement	State Zip Code MN 56031		Amount of Each Disbursement this Period 2225.69 Transaction ID : SB17.I2021	
PAYROLL Candidate Name		Category/		
Senate President State: District:	ement For: Primary General Other (specify)	Туре		
Full Name (Last, First, Middle Initial) JOSI HELLIER Mailing Address 5941 WOODDALE AVENUE			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City EDINA	State Zip Code MN 55424		Amount of Each Disbursement this Period	
Purpose of Disbursement PAYROLL Candidate Name Office Sought: House Disburse	ement For: Primary General	Category/ Type	55.41 Transaction ID : SB17.I2020	
State: President District:	Other (specify)			
Full Name (Last, First, Middle Initial) J.P. YATES Mailing Address 436 SARATOGA ST SOUTH			Date of Disbursement M M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O	
City Stat ST. PAUL MN Purpose of Disbursement PAYROLL Candidate Name	•		Amount of Each Disbursement this Period 901.33 Transaction ID : SB17.I2019	
	ement For: Primary General Other (specify)	Category/ Type		
SUBTOTAL of Disbursements This Page (optional).			3182.43	

TOTAL This Period (last page this line number only).....